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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application No.	09/715,676
		Filing Date	November 17, 2000
		First Named Inventor	Stephen Neushul
		Art Unit	2622
		Examiner Name	Heather D. Gibbs
Total Number of Pages in This Submission	11	Attorney Docket Number	60414P003

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Response <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> PTO/SB/08 <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Basic Filing Fee <input type="checkbox"/> Declaration/POA <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">Facsimile Cover Sheet</div>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Thomas M. Coester, Reg. No. 39,637 BLAKELY, SOKOLOFF, TAYLOR & ZAFMAN LLP
Signature	<i>Thomas Coester</i>
Date	June 30, 2005

CERTIFICATE OF MAILING/TRANSMISSION			
I hereby certify that this correspondence is being transmitted via facsimile on the date shown below to the United States Patent and Trademark Office.			
Typed or printed name	Nadya Gordon		
Signature	<i>Nadya Gordon</i>	Date	June 30, 2005

Based on PTO/SB/21 (04-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/1) 06/04/2004.
SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450

FEE TRANSMITTAL for FY 2005		Patent fees are subject to annual revision.	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Complete if Known	
		Application Number	09/715,676
		Filing Date	November 17, 2000
		First Named Inventor	Stephen Neushul
		Examiner Name	Heather D. Gibbs
TOTAL AMOUNT OF PAYMENT		Art Unit	2622
(\$)		Attorney Docket No.	60414P003
0.00			

METHOD OF PAYMENT (check all that apply)	
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input checked="" type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____	
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: <u>02-2666</u> Deposit Account Name: <u>Blakely, Sokoloff, Taylor & Zafman LLP</u>	
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)	
<input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee	
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20. <input checked="" type="checkbox"/> Credit any overpayments	

FEE CALCULATION																																																																																																																											
1. EXTRA CLAIM FEES																																																																																																																											
Total Claims	15	20	0	60.00	0.00																																																																																																																						
Independent Claims	2	3	0	200.00	0.00																																																																																																																						
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<table border="1" style="width:100%; border-collapse: collapse; font-size: x-small;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr> <td>1202</td> <td>50</td> <td>2202</td> <td>25</td> <td>Claims in excess of 20</td> </tr> <tr> <td>1201</td> <td>200</td> <td>2201</td> <td>100</td> <td>Independent claims in excess of 3</td> </tr> <tr> <td>1203</td> <td>350</td> <td>2203</td> <td>180</td> <td>Multiple Dependent claim, if not paid</td> </tr> <tr> <td>1204</td> <td>300</td> <td>2204</td> <td>150</td> <td>**Reissue independent claims over original patent</td> </tr> <tr> <td>1205</td> <td>300</td> <td>2205</td> <td>150</td> <td>**Reissue claims in excess of 20 and over original patent</td> </tr> <tr> <td colspan="4" style="text-align: right;">SUBTOTAL (1)</td> <td>(\$)</td> <td>0.00</td> </tr> </tbody> </table>						Large Entity		Small Entity		Fee Description	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	50	2202	25	Claims in excess of 20	1201	200	2201	100	Independent claims in excess of 3	1203	350	2203	180	Multiple Dependent claim, if not paid	1204	300	2204	150	**Reissue independent claims over original patent	1205	300	2205	150	**Reissue claims in excess of 20 and over original patent	SUBTOTAL (1)				(\$)	0.00																																																																														
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SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Thomas M. Coester	Registration No. (Attorney/Agent)	39,637	Telephone	(310) 207-3800
Signature	<i>Thomas Coester</i>	Date	06/30/05		

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (wtr) 12/15/2004.
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<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.		Filing Date	November 17, 2000
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		Examiner Name	Heather D. Gibbs
TOTAL AMOUNT OF PAYMENT		Art Unit	2622
(\$) 0.00		Attorney Docket No.	60414P003

METHOD OF PAYMENT (check all that apply)

☐ Check
 ☐ Credit card
 ☐ Money Order
 ☒ None
 ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 02-2666 Deposit Account Name: Blakely, Sokoloff, Taylor & Zafman LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below
 ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayment of fee(s) under 37 CFR §§ 1.16, 1.17, 1.18 and 1.20.
 ☒ Credit any overpayments

FEE CALCULATION

1. EXTRA CLAIM FEES

Total Claims	Extra Claims	Fee from below	Fee Paid
15	0	50.00	\$0.00
Independent Claims	0	200.00	\$0.00
Multiple Dependent			

Large Entity		Small Entity		Fee Description
Fee Code	Fee (\$)	Fee Code	Fee (\$)	
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1204	300	2204	150	**Reissue independent claims over original patent
1205	300	2205	150	**Reissue claims in excess of 20 and over original patent

SUBTOTAL (1) (\$) 0.00

2. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
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1460	130	2460	130	Petitions to the Commissioner	
1807	50	1807	50	Processing fee under 37 CFR 1.17(a)	
1806	180	1806	180	Submission of Information Disclosure Sheet	
1809	750	1809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	
1810	750	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))	

Other fee (specify) _____

SUBTOTAL (2) (\$) _____

SUBMITTED BY		Complete (if applicable)	
Name (Print/Type)	Thomas M. Coester	Registration No. (Attorney/Agent)	39,637
Signature	<i>Thomas Coester</i>	Telephone	(310) 207-3800
		Date	06/30/05

Based on PTO/SB/17 (12-04) as modified by Blakely, Sokoloff, Taylor & Zafman (w/r) 12/15/2004.
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**REPLY UNDER 37 CFR 1.116
EXPEDITED PROCEDURE
TECHNOLOGY CENTER**

**PATENT
Attorney's Docket No. 60414P003**

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of:) Examiner: Gibbs, Heather D.
Stephen Neushul) Art Group: 2622
Application No. 09/715,676)
Filed: November 17, 2000)
For: <u>AUTOFEEDER FOR X-RAY SCANNING</u>)

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Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

RESPONSE TO FINAL OFFICE ACTION

In response to the Final Office Action mailed April 22, 2005, in connection with the above-referenced patent application, Applicant respectfully requests consideration of the attached remarks.